Healing IOWA

ACEs 360 IOWA



How Iowans are reshaping systems and communities for children to thrive in response to **Adverse Childhood Experiences (ACEs)**

RELEASED SEPTEMBER 2020, WITH IOWA ACES DATA FROM 2017-2018

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About Iowa ACEs 360

The Iowa ACEs 360 Coalition is catalyzing a vibrant network to respond to ACEs in Iowa. Through research, innovation, knowledge-building, and advocacy, we are creating opportunities for all Iowans to heal from trauma and thrive for generations to come.



Compassionate Communities

Where Everyone Can Thrive

Great communities are made by people, and people need a strong foundation in order to thrive. To establish this foundation, Iowans have been promoting healing and resilience within our communities and surrounding systems. Together, we are building a brighter future for all.

As we understand more about childhood adversity and its impact, this work becomes even more critical. Analyzing Iowa data on adverse childhood experiences (ACEs) reveals that **trauma is common across the general population and that it can affect us throughout our lives.** The more adversity someone experienced as a child, the more likely they are to suffer from depression, smoke, have heart disease, miss days at work due to poor health, or face many other challenges in adulthood.

To address ACEs, we need to do more than improve conditions for individuals and foster relationships within families. Our world has created policies and institutionalized systems that perpetuate oppression and prevent access to opportunities and resources. Black, Indigenous, People Of Color, and those living in poverty are among the most impacted. We must work to change systems as passionately as we work with individuals and families.

Emerging research shows that positive childhood experiences stemming from caring relationships and connections in the community reduce the likelihood of poor outcomes, even when adversity has occurred. Using intentional strategies, we can build the environments that foster healthy development and resiliency, as well as create system change that leads to an equitable community.

While ACEs can affect our future well-being, they don't have to.

This report updates the Iowa ACEs Report released in 2016 with the progress we've made through practice and policy changes, the challenges we still see in Iowa's data, and the steps we can continue to take. By working together to build compassionate, equitable communities within our state, we can give all Iowans a chance to thrive—creating a bright, inclusive future that will benefit every Iowan.

The ACEs Movement

Adverse Childhood Experiences (ACEs) are traumatic incidents that can dramatically upset a child's sense of safety and well-being. Adversity early in life can have lasting impacts, but we can change those outcomes.

INFORMED CHAMPIONS FOR HEALING

A decade ago, Dr. Robert Anda of the CDC visited Iowa to present his findings from The ACE Study. This large-scale study, led by Anda and Dr. Vincent Felitti with Kaiser Permanente in the mid-1990s, found that most adults have experienced at least one type of adverse childhood experience (ACE) while growing up. As the number of reported ACEs increases, so does the likelihood of negative health and well-being outcomes.

The ACE Study led to new understanding of the behaviors that social workers, mental health clinicians, and direct-service providers often see in their clients and has sparked interest from individuals outside the helping professions. In particular, the study shows trauma's ripple effect—the more ACEs individuals in a community experience, the higher their risk for challenges that show up in health care, education, the workplace, and other sectors.

After Anda's presentation in Iowa, a group of stakeholders began talking about how to respond. They decided to focus on collecting Iowa-specific ACEs data and to spread awareness of the study widely.

As more people heard about The ACE Study locally and nationally, conversations evolved on how to respond. Trauma-informed care became widely known and integrated into programs, organizations, and systems. This approach shifts the lens from asking "what's wrong with you?" to "what happened to you?" In addition, the concept of resilience—the idea that someone can cope and thrive despite trauma—took hold.

ACEs do not determine our destiny. Today, research shows that if children have many positive experiences in childhood, they have better outcomes even if they experienced significant adversity. We must examine how our systems are failing to create these positive experiences for some children and intentionally work to build environments that give all children an opportunity to develop in a healthy way. Examining strategies with evidence of success, the CDC recommends preventing ACEs by changing systems and implementing programs that foster connections across the community.

Infusing the science of ACEs throughout Iowa has already led to policy and practice changes. Youth in juvenile justice are learning coping strategies, pregnant moms with signs of stress are being connected to services, supervisors are encouraging relationships and self-care at work, and schools are teaching mindfulness and social-emotional skills.

While we cannot prevent all childhood adversity, we can work to greatly reduce its occurrence and lessen costly health and social outcomes. The science behind fostering resilience and enhancing protective factors with children and families, with a focus on equity, gives us a path forward to a better future for all.

IOWA'S ACES MOVEMENT

- **8 years of Iowa ACEs data has been collected**, including data on resilience and mental health.
- **24,000+ Iowans received in-person or online training** on ACEs and toxic stress from Iowa ACEs 360 from 2017-2019.
- **800+ Iowa ACEs Coalition members** are learning about ACEs and applying strategies in their professions and communities.
- **11,105 unique individuals** visited the website for tools and information in 2019.
- **11 sectors** are weaving together research, response strategies, and advocacy to respond to trauma.
- **An Iowa law** requires that all educators receive annual training on ACEs and toxic stress.



EARLY ADVERSITY HAS LASTING IMPACTS
Adapted from the CDC

PROMOTING Healthy Development

HOW WE DEVELOP

Starting before birth, a child's brain is constructed through an ongoing process that continues into adulthood. Positive interactions with caring adults in safe, nurturing environments early in life lay a strong foundation for all development that follows.

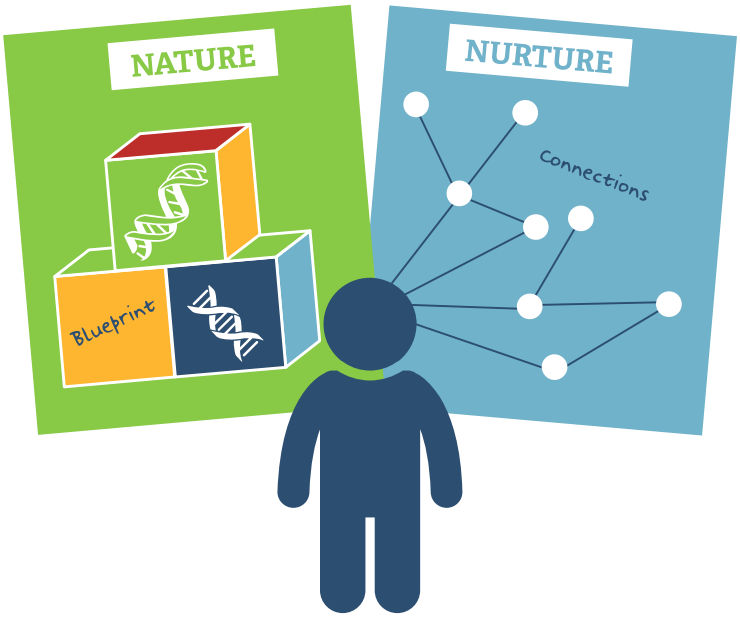
According to Harvard University's Center on the Developing Child, learning how to cope with adversity is an important part of child development. If we feel threatened, our bodies help us respond by increasing our heart rate, blood pressure, and stress hormones. When a young child experiences stress within an environment of supportive adult relationships, the effects of stress are buffered, and their brains and bodies naturally return to baseline. This helps a child develop a healthy response to stress.

When a child experiences stress that is powerful, frequent, prolonged, and/or unpredictable, it can become toxic. Their brain architecture and physical systems can be altered, and their development disrupted. An overactive stress-response system can cause someone to say or do things impulsively, have trouble focusing, or struggle to get along with others. Over time, this level of stress can lead to poor health, learning, and social outcomes.

BUILDING A STURDY FOUNDATION

Adults can also feel the heavy weight of stress from traumatic situations, such as witnessing violence or experiencing homelessness. This level of stress can put a person in a fight, flight, or freeze response that makes planning or staying calm difficult. Systems that don't offer support or make resources difficult to navigate can add additional weight on caregivers. Like a truck carrying too heavy of a load, stress can wear a caregiver down and make it difficult to complete necessary tasks. They may struggle to provide the safe, nurturing interactions children need and be a buffer against stressful environments—thus, furthering the impact stress can have on the next generation.

Just as houses cannot build themselves, we cannot build our own well-being. It takes a supportive team and the right resources, including access to physical and mental health care, a safe home, meaningful work that provides for a family's needs, and access to opportunities and connections within the community.



A child's experiences early in life are important building blocks for the developing brain. Genes provide the basic blueprint, but environmental influences fine-tune how the brain works by shaping which connections get used. Connections that are used more grow stronger and more permanent, whereas ones that do not get much use fade away. Together genes and the environment build the foundation for all future development. Supporting families helps provide the safe, stable, and nurturing environments that children need for healthy development.

Source: Preventing Violence Across the Lifespan Research Network

Strengthening our communities

ACEs can have a tremendous impact on future outcomes, but, working together, we can create communities in which every individual has the positive experiences they need to thrive.

Researchers are identifying opportunities to prevent and mitigate the harms of ACEs at many levels of our society. These strategies focus on helping parents bear the load of stress, as well as promoting safe, nurturing, and equitable environments for kids to learn and play and for families to thrive together. Shifting our systems to promote these opportunities at all levels of our society can amplify the impact of reducing ACEs in Iowa.

The CDC offers **six specific strategies for addressing ACEs with evidence-based practices.** For more information, visit

www.cdc.gov/violenceprevention/childabuseandneglect/acestudy



Taking on ACEs in OTTUMWA

Around any table discussing children and family issues in Ottumwa, Pat McReynolds and Cheryll Jones are likely present, leading or participating, and often grounding, the conversation in the adverse childhood experiences (ACEs) research. They have worked to spread knowledge about ACEs and build champions for change—all without a formal coalition. Knowledge about ACEs is now being infused into social service agencies, the education system, health care, the community college, and city government.

"When we're at the table, if you don't know about ACEs, you're going to learn it," says Cheryll, a nurse practitioner with the University of Iowa's Child Health Specialty Clinics.

"We believe so strongly that knowledge is power," says Pat, area director of Mahaska Wapello Early Childhood Iowa. "We have slowly gotten more and more champions on board saying that this is the missing piece."

Mayor Tom Lazio, who has previously worked in child and family welfare, agrees that knowledge of ACEs is being infused throughout the community. He's presented on ACEs to his staff in city government.

"When you say 'ACE Study,' people know what you're talking about, and I think they begin to understand," he says. "It gives us as a community a better way to respond to children and families in need. We are much more sensitive to some behaviors we've been judgmental about."

Here are some of the ways the community is responding to the ACEs research:

A new early learning center provides child care for parents with young children from 6 a.m. until 6 p.m.

Parent Cafés bring parents together to talk about protective factors and build connections. "They are learning that it is OK to accept help, to even ask for it," says Jill Lane, a coordinator of the program. "The ACEs research is opening the door to conversations about things that have been kept secret for generations."

The Child Specialty Clinic asks parents questions related to ACEs in its initial screening and connects parents and children to services. "A child isn't a child in a vacuum. They are in a family," says Cheryll. "All health care providers are being encouraged to look more carefully at those social and emotional components of families."

> "We have slowly gotten more and more champions on board saying that this is the missing piece."
>
> – Pat McReynolds
> *Area Director, Mahaska Wapello Early Childhood Iowa*

Family support groups have offered community trainings on resilience, implicit bias, and having courageous conversations.

A legislative forum educates elected officials on topics related to ACEs each December.

Without the ACEs research, Pat says, "We wouldn't be where we are today at all. There might have been pockets of things happening, but the knowledge of the impact of ACEs and the science of prevention is so fundamental to changing rural Iowa mindsets and opportunities for growth."



> "[The ACE Study] gives us, as a community, a better way to respond to children and families in need. We are much more sensitive to some behaviors we've been judgmental about."
>
> – Tom Lazio
> *Mayor, city of Ottumwa*

What Are ACEs?

The ACE Study focuses on 10 types of adversity that can occur within the home. However, many kinds of experiences—such as poverty, violence in the community, systemic racism, the loss of a loved one, or natural disasters—can cause trauma. What we experience as trauma is personal and influenced by our past experiences, current relationships, and the community where we live.

ACE QUESTIONS

This report examines data from the Behavioral Risk Factor Surveillance System survey from 2017-2018. Thousands of Iowa adults responded to questions featured to the right, which are similar to the original ACE Study.

These questions determine the prevalence of 10 types of ACEs among Iowa's population. If an adult responded "once or more than once" or "yes" to a question, they are counted as having experienced that type of ACE. Adding up the total categories of ACEs reported determines an individual's ACE score, with a total possible score of 10.

The ACEs data only measures categories of ACEs and not frequency or severity of each ACE.

Learning about ACEs can be difficult and emotional.

If you need referrals for support, please **dial 2-1-1** and a trained help navigator will assist you in finding local services.

You can also access the crisis helpline run by the National Alliance on Mental Illness (NAMI) at **1-800-950-NAMI.**

MORE THAN AN ACE SCORE

ACEs data helps us understand the impact of trauma on people's health and well-being, making a case for responding within our organizations, systems, and communities.

To respond to ACEs in our communities, we often don't need to know each other's ACE scores or past traumas, unless someone chooses to share. Instead, we hope this research inspires empathy and compassion in how we interact with one another each day and gives individuals an opportunity to understand their own stories in a new light. Science shows that having caring relationships, access to services, and opportunities in the community matter more than whether we've experienced adversity.

The ACE questionnaire was developed to study population-level data, not to identify an individual's risk for a particular outcome. If someone identifies as having four or more ACEs, they may be no more likely to experience poor health outcomes. As an average among a population, however, the data can help us make connections between ACEs and the increased risk of specific outcomes.

SCREENING FOR ACES

If you choose to ask questions related to ACEs, consider also asking about protective factors that can help buffer against the impact of toxic stress. Recognize that screening could be traumatic for some people and be prepared to offer knowledge, support, and resources to those who may have experienced trauma and need help. **Screening is best done to shape programming and not to draw conclusions about specific outcomes any individual may experience.** Measuring the level of ACEs among those served can help shift systems and programs to be more trauma-informed and equitable.

ABUSE

Emotional abuse: *Parent or adult in the household swore at you, insulted you, or put you down.*

Physical abuse: *Parent or adult in the household hit, beat, kicked, or physically hurt you. (Does not include spanking.)*

Sexual abuse: *An adult or someone at least 5 years older than you ever touched you sexually, tried to make you touch them sexually, or forced you to have sex.*

HOUSEHOLD CHALLENGES

Separation: *Were your parents separated or divorced?*

Domestic violence: *Parents or adults in the household slapped, hit, kicked, punched, or beat each other up.*

Substance abuse: *Parent or adult in the household used illegal street drugs or abused prescription medications.*

Mental illness: *Parent or adult in the household was depressed, mentally ill, or suicidal.*

Incarcerated household member: *A member of the household went to prison, jail, or other correctional facility.*

NEGLECT

Items with * symbol are reverse-scored to reflect the framing of the question.

Emotional: *Someone in your family helped you feel important or special; you felt loved. Your family was a source of strength or support.**

Physical: *Someone protected you and took care of you; someone took you to the doctor if you needed it.* Your parents were too drunk or high to take care of the family.*

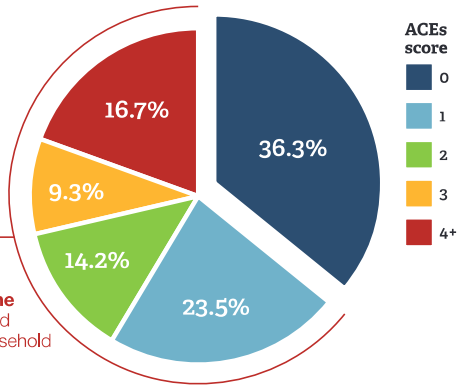
PREVALENCE OF ACES
Among Iowa Adults

Adverse childhood experiences (ACEs) are common among Iowa adults. Analysis of 2017-2018 ACEs data shows that 63.7% of Iowa adults report experiencing at least one of 10 categories of child abuse, neglect, and household stress growing up. More than 16.7% experienced four or more ACEs/neglect, indicating a significant level of trauma.

The charts on the following pages share some of the health, mental health, and social outcomes linked to ACEs. ACEs research shows a stair-step progression of increased risk as the number of reported ACEs rises. However, not everyone who has experienced ACEs will experience poor outcomes; positive experiences and resilience factors help buffer against the impact of toxic stress.

PERCENT OF IOWA ADULT POPULATION REPORTING ACES AND NEGLECT BY TOTAL NUMBER

This chart shows the percentage of the Iowa adult population experiencing specific numbers of ACEs. 59.8% experienced zero or 1 type of ACE or neglect. 16.7% experienced four or more ACEs and/or neglect.



63.7%
of Iowa adults report experiencing **at least one of 10 categories** of child abuse, neglect, and household stressor growing up

The 2020 Iowa ACEs Report specifically notes when neglect data is included in the overall calculation of incidence of ACEs. Previous Iowa ACEs reports have not included neglect as categories of ACEs studied because that data wasn't collected by the Behavioral Risk Factor Surveillance System every year. This is the first report to incorporate neglect in the overall ACEs analysis.

THE TRAUMA OF COVID-19

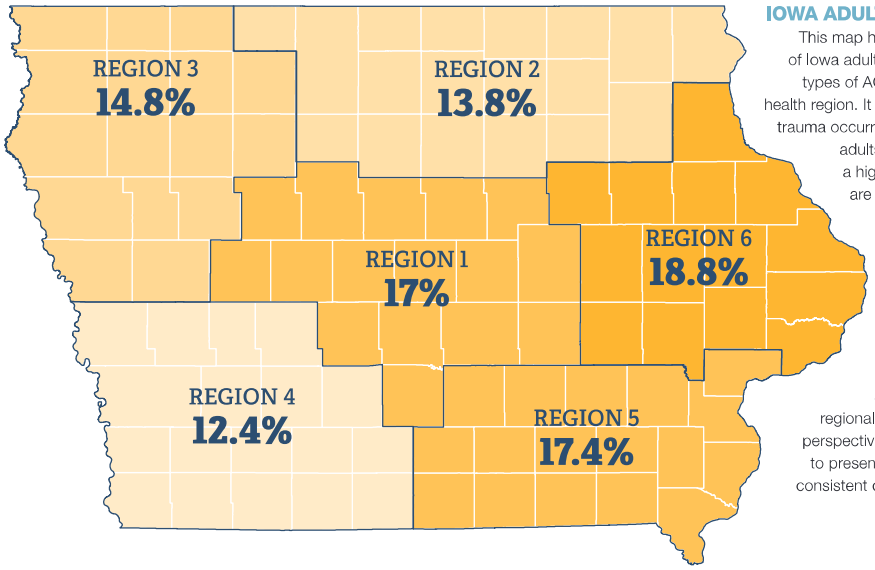
COVID-19 has greatly impacted Iowans' health, especially Iowans of color, who have experienced three times as many coronavirus infections as their share of the state population. In addition, the pandemic is negatively impacting Iowans' mental health, financial stability, and family well-being. One-fourth of Iowa adults said they were experiencing symptoms of clinical anxiety or depression over a one-week period in May (CDC's National Center for Health Statistics and the Census Bureau). Extreme levels of stress in the home can put children at greater risk for ACEs and impact their development. We must respond by thinking systemically about how to help people cope and reduce the impacts of this trauma.

WHY ARE ACES MORE PREVALENT IN IOWA?

The prevalence of ACEs in Iowa's population has increased from the 2016 ACEs report due to the addition of the two categories related to neglect. This increases the total number of ACEs studied in Iowa to 10, aligning with the original ACE Study. Given the level of neglect and denial-of-critical-care cases reported in Iowa's child abuse data, we anticipated this increase in the data. In addition, reducing ACEs among our population will require a shift over generations. With continued and expanded efforts, we can reduce ACEs in future decades.

Thank you to the Behavioral Risk Factor Surveillance System for gathering ACEs data and to the Iowa Department of Public Health for completing the data analysis.

Prevalence of ACEs by region



IOWA ADULTS WITH 4+ ACES

This map highlights the percentage of Iowa adults reporting four or more types of ACEs or neglect by public health region. It does not indicate where trauma occurred, but rather where the adults who have experienced a higher percentage of ACEs are living today. The regions range from 12-19% of adults reporting 4+ ACEs, signifying the need for trauma-informed frameworks throughout Iowa.

Why did we feature a regional map? Using a regional rather than county-level perspective allows Iowa ACEs 360 to present the most accurate and consistent data analysis throughout the state.

HOW ACES ARE MEASURED IN IOWA

Through a public-private partnership, Iowa ACEs 360 added questions about ACEs to the Behavioral Risk Factor Surveillance System (BRFSS) starting in 2012. The annual state health survey, conducted by the Iowa Department of Public Health (IDPH) in partnership with the CDC, provides a timely and accurate source of state data on health-risk behaviors, preventative-health practices, and health care access, primarily related to chronic disease and injury.

The survey is administered annually via telephone interviews to residents ages 18 and over. Sampling procedures are designed to ensure that minority populations are included in adequate numbers to make comparisons, with a weighting system in place to make valid population estimates from the data. Procedures to contact cell phone users and determine place of residence are also used.

The Iowa ACEs Study makes every effort to fairly represent Iowa's population. As a result, Iowa data is analyzed on a regional rather than local level for most areas of the state. This meets the threshold for the number of individuals surveyed.

"The ACE Study revealed what many professionals observe in our daily work, but to a much greater extent than we ever imagined. Understanding the science behind ACEs provides an opportunity to **reimagine our communities and systems** to help Iowans heal and thrive."

- Lisa Cushatt
Director, Iowa ACEs 360

ACES AND Health

According to leading researchers, there are two primary ways that childhood adversity can transform into long-term health issues:

- Disease that occurs as the result of coping strategies such as overeating, smoking, or drug use
- Disease caused by chronic, toxic stress

(Felitti, 2009)

ACES IMPACT ON HEALTH-RISK BEHAVIORS

ACEs research shows that we must consider the underlying issues that might cause behaviors we see in individuals that can lead to health problems. For some, adopting health-risk behaviors, such as smoking, substance use, or risky sexual activity, has less to do with poor decision-making than with fulfilling a psychological need to de-stress, protect oneself, or feel loved. A smoker, for example, may find that smoking assists in relaxing their overactive stress-response system.

The ACEs data shows the correlation between experiencing childhood trauma and adopting health-risk behaviors. In one national study, for example, adults who reported experiencing four or more ACEs were six times more likely to report initiation of alcohol use by age 14 than those with zero ACEs (Dube, 2006).

Childhood trauma can **reduce life expectancy** by up to 20 years.

Source: CDC ACE Study research

Understanding the correlation between ACEs and risky behaviors might help address some of the unique challenges we are experiencing in Iowa and improve Iowans' health.



25% of Iowans reported **binge drinking** in the past 30 days, higher than the national average.

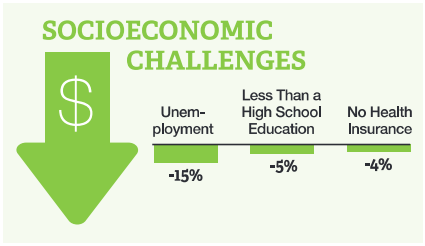


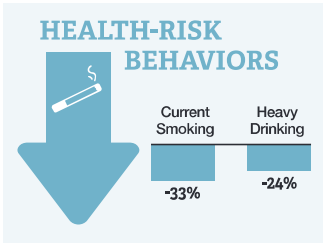
8,500 Iowans were admitted for **meth use** treatment in 2018, up 50% from 2014.

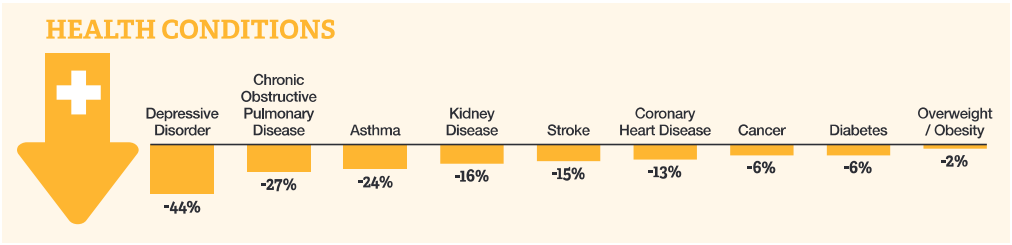
Source: Iowa Dept. of Public Health

POTENTIAL REDUCTION OF NEGATIVE OUTCOMES IN ADULTHOOD

According to the CDC, preventing ACEs could lower the risk of developing health conditions in adulthood, reduce risky behaviors, improve education and employment potential, and stop ACEs from being passed from one generation to the next. This graphic shows the potential reduction of specific negative outcomes in adulthood by preventing ACEs.



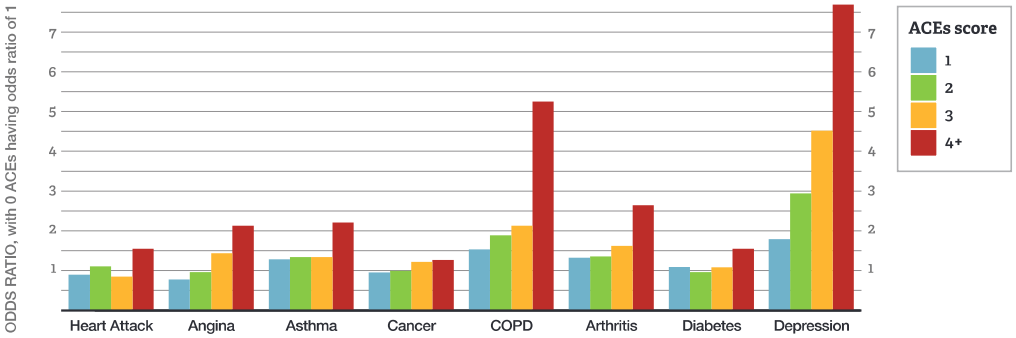




Source: BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019

ODDS OF DEVELOPING HEALTH CONDITIONS BASED ON ACES/NEGLECT

The measured effects of ACEs score on each chronic condition were controlled for age, race and ethnicity, gender, and education.



ACES IMPACT ON HEALTH

The chart above reveals the odds of adults with ACEs experiencing specific health conditions compared to those without ACEs.

Some serious health outcomes can stem from the adoption of risky behaviors. However, the health risks of early toxic stress cannot be attributed to behavior alone. Researchers who conducted the initial ACE Study looked at patients with an ACEs score of seven or higher who didn't smoke, didn't drink to excess, and weren't overweight. They found that the risk of ischemic heart disease (the most common cause of death in the United States) in this population was 360 percent higher compared to patients with a score of zero. This shows that an increase in stress hormones within the body affects health over time.

This chart represents odds ratios, or how many times more likely an adult with ACEs is to experience a given health outcome compared to those without ACEs. For example, those reporting four or more ACEs/neglect are 5.25 times more likely to have COPD, 2.21 times more likely to develop asthma, and 7.69 times more likely to have depression than those reporting zero ACEs.

TAKE ACTION

Not every adult who experienced ACEs during childhood will have poor health outcomes, but many will have problems, and some will face serious difficulties. By looking at the root causes of adult disease and addressing those issues early, we can prevent many adverse health outcomes.

Health care providers can address ACEs by:

- Establishing a trauma-informed environment at their clinics
- Supporting integrated care models that connect families to services that help reduce stress and meet needs
- Educating peers, staff, and community members about the impact of toxic stress on health

Creating a trauma-informed clinic has been shown to improve patient experience, staff satisfaction, quality of services, organizational wellness, and the overall health of patients (The National Council for Behavioral Health).

RESPONSE STRATEGY

Trauma-Informed Pediatric Project

The Iowa ACEs 360 project works with clinics to implement strategies that focus on the needs of parents in order to improve the health outcomes of children. The first step is for staff to complete a practice assessment to identify areas of opportunity, and then take an online course about ACEs research and ways to respond within a clinic setting. The course is based on a guide developed by trauma and child health experts in Iowa.

Over two years, seven informational training sessions and three presentations at large conferences or regional meetings have educated health care staff about ACEs and trauma-informed care. More than 50 people have completed the online module and 300 professionals have received the guide. In addition, informational handouts and posters are raising awareness at clinics about ACEs and trauma-informed care.

Learn more at **www.iowaaces360.org/health-care**

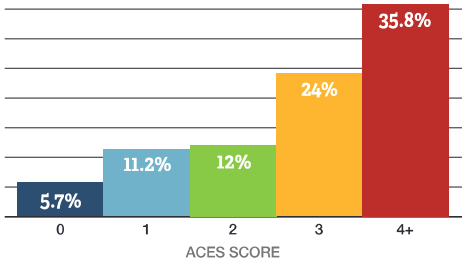
ACES AND Mental Health

One in five adults, or approximately 600,000 Iowans, live with some form of mental illness (NAMI Iowa). As Iowa moves toward building a stronger mental health system to respond to an increasing need for services, we must consider the correlation between childhood trauma and mental health outcomes in adulthood. Not all mental illnesses are driven by trauma. For those who have experienced trauma, however, Iowa data shows a strong link between ACEs and experiencing anxiety and/or depression later in life.

The Behavioral Risk Factor Surveillance System survey asks participants a series of questions about how they have been feeling over the last thirty days related to their mental health. Of survey respondents, 14.7% reported experiencing at least one mental health concern. Below is a chart showing the percentage of Iowa adults who reported at least one mental health concern by the number of ACEs/neglect they reported experiencing in childhood.

This data highlights the significant percentage of adults with a history of childhood adversity who have mental health concerns. While childhood adversity is just one of several factors that may contribute to mental health challenges, trauma prevention and early intervention strategies can help improve Iowans' mental health in the long term.

PERCENTAGE OF IOWA ADULTS REPORTING AT LEAST ONE MENTAL HEALTH CONCERN BY REPORTED EXPERIENCE OF ACES/NEGLECT



TAKE ACTION

Organizations and individuals can respond to mental health issues by building a culture that focuses on understanding, recognizing, and responding to the effects of all types of trauma. **Trauma-informed care** emphasizes the physical, mental, and emotional safety of consumers and providers and helps survivors of trauma rebuild a sense of control and empowerment. Learn more at **www.traumainformedcareproject.org**

To improve Iowa's mental health system, we must recognize that the mental health needs of children are similar to, but different from, adults. Prevention and early intervention efforts can help reduce the need for more intensive services in the adult system later on. In 2019, Iowa established the foundation for a **children's mental health system,** but more funding is needed to address the patchwork of services currently offered. To engage in this work, visit **www.camhi4kids.org**



Rhonda Rairden-Nelson

RESPONSE STRATEGY

Infant Mental Health

Infant mental health is not a baby sitting on a therapist's couch, despite the laughs this image might provoke. Still, infancy is the most important time to establish lifelong mental health, says Rhonda Rairden-Nelson, community health consultant with the Iowa Department of Public Health (IDPH). And the interventions look much different for babies.

In 2013, Rhonda joined stakeholders representing multiple sectors to establish the Iowa Association for Infant & Early Childhood Mental Health. The group is using criteria developed in Michigan to support professionals in achieving the Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health.

As this effort got underway, Rhonda also worked with a consultant to develop a model for providing infant and early childhood mental health consultation in child care, home visiting, and other settings. Shortly afterwards, IDPH received a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), which allowed them to establish Project LAUNCH in Iowa.

Project LAUNCH focuses on building infrastructure for infant and early childhood mental health consultation. The initiative is implementing a consultation model within Head Start and Early Head Start programs in six Iowa counties—helping teachers, staff, and parents meet children's social and emotional needs and creating nurturing environments. It also is building infrastructure for mental health consultation in other early childhood settings in Iowa, engaging parents in the process, and encouraging primary care providers to promote social and emotional wellness with patients.

Learn more:
rhonda.rairden-nelson@idph.iowa.gov

HEALING
Through ACEs



> "ACEs really put into perspective that it wasn't that my parents didn't want to give me what I needed growing up, it was that they couldn't."
>
> Christine Her

Whenever Christine Her's father desperately missed his parents, he would take a scarf that had belonged to them up into the mountains and smell it. Living in Laos at the end of the Vietnam War, her father, along with millions of Hmong people, fled genocide by living in the jungles. At night, he and other boy soldiers had to patrol the area while avoiding gunfire. They barely had anything to eat. Finally, after two years, a group of boys decided to flee to Thailand without saying goodbye. They intended to return with supplies.

But as they made the treacherous journey across the river into Thailand, they were captured by a Thai general, escaped, and then arrested for rushing the refugee camp all together. In jail, they were too weak to fight for their food and nearly died. Eventually, Christine's grandmother, who had made it to a refugee camp years earlier, came for her son to take him to America. He never made it back to Laos.

Christine's mother also faced many traumas as her family fled to Thailand and, eventually, resettled in Hawaii. There they were bullied and were so poor that they had only one set of clothing.

The trauma Christine's parents faced as Hmong refugees defined them as parents. Growing up in Des Moines, Christine's physical needs were met, but she was always pushed to be perfect.

"There's a lot of perception of what a good Hmong girl should be, and I was not that," Christine says. She often heard: You're too fat, too loud, not smart enough.

"I think it does something to you," Christine says, "because you grow up navigating in this world and thinking your parents don't even love you, so no one can love you."

She also felt pulled between being Hmong and American. Despite the valuable role Hmongs played for the U.S. in the war, they were never talked about in history lessons.

Meanwhile, her father's friends were dying from heart disease or strokes. Christine's father had a heart attack at age 45, but fortunately survived.

These experiences pushed Christine into a state of hopelessness. At age 16, she tried taking sleeping pills to commit suicide, not realizing the medication wouldn't kill her. In her 20s, she worked a job that supported refugee families, but her parents didn't approve because she didn't earn much. Christine grew angry and began to isolate from friends.

Then, in 2018, as the new executive director of ArtForce Iowa, Christine learned about The ACE Study and the impact of trauma.

"ACEs really put into perspective that it wasn't that my parents didn't want to give me what I needed growing up, it was that they couldn't," she says. "They didn't have anyone to hold them either. They got through it with their parents saying, 'Tough it up. Stop crying.' And that's how they treated me, and I was like, 'I need someone to hold me and let me cry.'"

By talking about trauma, Christine has finally been able to have conversations with her parents about how she felt growing up. The staff at ArtForce Iowa has also been on a journey of learning and healing, which has changed how they approach art workshops for youth who are in the juvenile justice system or who are immigrants or refugees.

"People internalize stories about who they are, and art is a powerful way for someone to ignite their own creative power," says Yvette Zaród Herman, Arts Outreach Educator.

Learning about ACEs, and especially the importance of caring connections in someone's life as a response to trauma, has guided staff in their work. Whereas they might previously have encouraged youth to share what had happened to them, they now focus on maintaining an environment of safety, compassion, and shared power, allowing those stories to come out as the youth decide.

"I think that's the most healing-centered thing that we do," says Yvette. "We don't fish for information, and we also prevent young people from doing it to each other. We find power in the images that show up in their art. It's amazing what they will tell us."

In workshops, many youth artists draw eyes and many of those eyes are crying. Or a phrase comes out in their poetry questioning the good in the world.

The staff also have had more open conversations with each other about their own traumas and how to help each other self-regulate when stressed or overwhelmed.

"Our intent and hope are to do more than create spaces where youth artists are their best artistic selves," Christine says. "We are not healers, but with the help of our young people, we can foster a sense of belonging, self-reliance, community, and self-love. Together, we can change the world to be more kind, more loving, and safer, where everyone thrives."

Learn more at **www.artforceiowa.org**

What Contributes to ACEs?

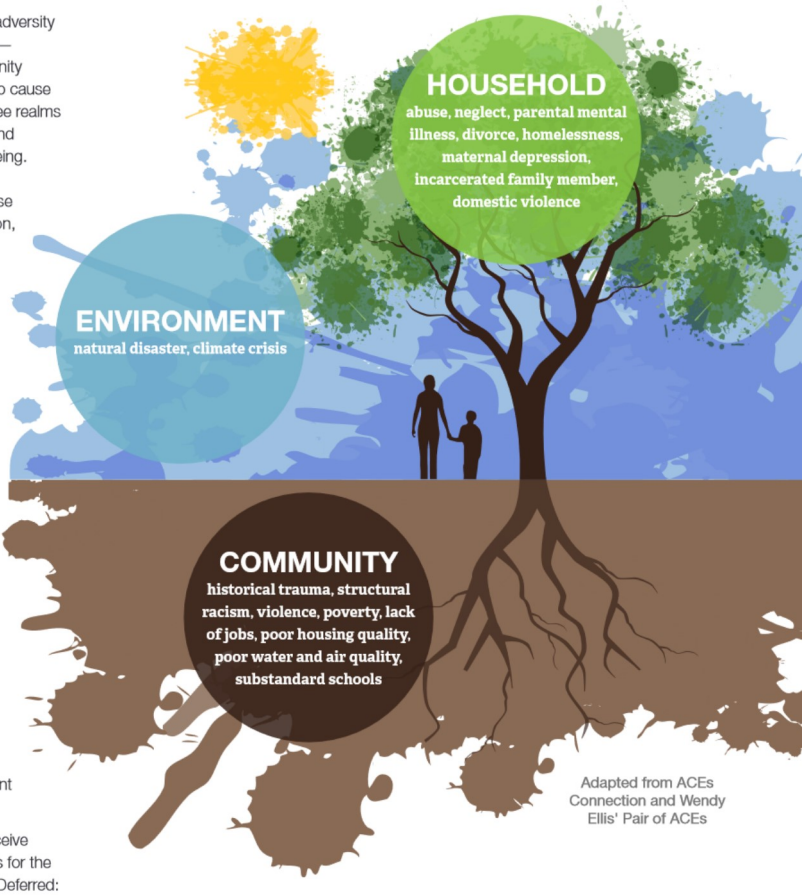
The ACE questionnaire focuses on adversity within a family, but external factors—including systemic racism, community violence, and natural disasters—can also cause trauma and contribute to ACEs. The three realms of ACEs shows how factors in the soil and surrounding us can influence our well-being.

Policies and systems often drive adverse community environments. Discrimination, poor housing quality, and lack of economic opportunities especially impact people of color. For example, The New Deal in the 1930s led to a system known as Redlining that embedded segregation and inequality into cities across the United States. This systemic racism forced people of color to live in specific neighborhoods with poor housing and lack of services, driving them deeper into poverty and causing significant trauma over generations.

Today, the ZIP code in which someone lives determines their health outcomes more than any other factor. Economic status, education level, ability to walk safely outside, access to healthy foods, supportive neighbors, and other social factors all play a role in a family's well-being.

Our systems continue to create significant disparities for populations:

- Black and low-income students receive longer suspensions than their peers for the same types of infractions ("School Deferred: When Bias Affects School Leaders," 2019).
- 52.8% of Latinos in Iowa owned a home in 2018, compared with 71.3% of the entire state (Latinos in Iowa: 2019). Owning a home can help a family build wealth and create a stable environment.
- Black Iowans represent 23% of Iowa's prison/jail population, but are only 3% of the state's total population (Census, 2010).



Adapted from ACEs Connection and Wendy Ellis' Pair of ACEs

Iowa Department of Public Health data shows that systemic challenges can increase the likelihood of poor health and additional stress within a home, especially for children. Sixty-eight percent of Iowa adults who experienced four or more ACEs/neglect experienced at least one challenge related to the social determinants of health, compared to only 32.8% of those who reported experiencing zero ACEs.

FOR IOWA ADULTS WHO EXPERIENCED FOUR OR MORE ACES/NEGLECT:

- **18.7%** were **unable to pay bills** at least once in the past 12 months.
- **27.2%** reported they **did not have enough food** at least once in the past 12 months.
- **56.7%** reported they had just enough or **not enough money** to make ends meet.
- **26.3%** felt **stressed** most of the time.

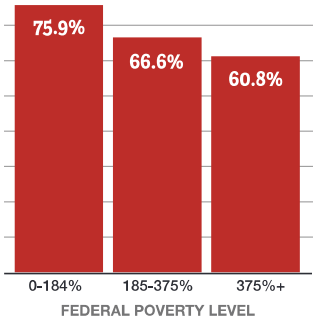
"You can have other adverse childhood experiences, but if you throw poverty in the mix, it just decimates a family's ability to address other adverse experiences that might be going on."

– Kelly Davydov
Formerly with the State Technical Assistance Team, Early Childhood Iowa

The original ACE Study was significant in that it revealed childhood trauma is common among adults regardless of age, race, and education level. Surveys across 25 states show that about 61% of adults experienced at least one type of ACE, and nearly 1 in 6 experienced four or more ACEs (CDC).

Still, data shows that specific populations with less power in our society—including women, individuals of color, and those who live in poverty—experience a higher level of ACEs.

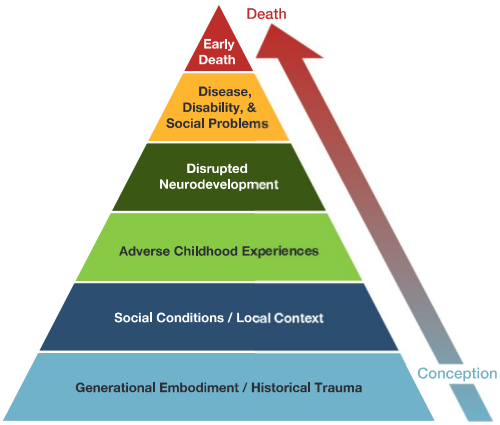
THE PERCENTAGE OF IOWA ADULTS REPORTING AT LEAST ONE CATEGORY OF ACES OR NEGLECT BY FEDERAL POVERTY LEVEL:



Adults of color report experiencing four or more ACEs/neglect at higher rates than non-Hispanic whites.

Adults with less than a high school education report experiencing four or more ACEs/ neglect at higher rates than all other education levels.

Adults with income below 184% of the federal poverty level report experiencing four or more ACEs/ neglect at higher rates than those well above the poverty level.



The newly updated ACEs pyramid, developed by the Ryse Center and adapted by the CDC to explain the experiences of Black youth, shows the lifetime trajectory of trauma, starting before conception. This graphic shows factors that can contribute to trauma and then lead to disrupted development and poor outcomes.

HISTORY IS WOVEN INTO OUR GENES

In addition to experiencing trauma within our systems and environments, toxic stress can change a person's genetic code, influencing how future generations respond to stress within their bodies and their risk of poor health outcomes.

The intergenerational transmission of trauma works like this: Each cell contains thousands of genes that make us who we are. These genes can turn on or off to direct the cells how to behave. How we look, sound, and act are based on how our genes are activated. While our basic genetic makeup remains the same, our environment can modify certain genes that then impact aspects of ourselves, like body weight or our stress-response system.

Research shows that mothers who experienced adversity in childhood are more likely to have children with developmental delays at one year of age. Not only can that parent's stress change the genes that the child inherits, but parents' genes may also have been modified by historical trauma in their families. Several human studies show this connection among groups living through threatening circumstances, such as war, genocide, and slavery. For example, studies of the grandchildren of individuals born immediately following the 1944-1945 Dutch famine show increased rates of heart disease and obesity.

Collective Trauma in 2020

The combined forces of the pandemic, elevated demands for racial equity, and broad economic devastation have shattered people's sense of safety and well-being. Feelings of hopelessness, anger, and loss tend to follow. Collective trauma can impact individuals even if they are not present for a life-threatening incident, but it especially impacts people with a history of trauma and who face many challenges from the current situation. Symptoms of collective trauma include spikes in severe mental illness, community violence, substance use, unemployment, child abuse, divorce, and civil unrest. Without the ability to cope, collective trauma can lead to a decrease in life expectancy, as well as the transmission of trauma to future generations.

People of color are facing the greatest challenges during this time. A long history of violence and oppression has had an epigenetic impact, leading to health conditions that put them more at risk of dying from COVID-19 and PTSD symptoms that could show up in later generations. System-driven conditions that restrict access to health care, quality housing, safe neighborhoods, and good jobs are exacerbating the trauma people of color are experiencing today.

The pandemic has made it clear that the health and well-being of everyone is intertwined. Our response will only be effective if we include the people and places left out by our current systems. Our policies and strategies must focus on creating an equitable society for our future.

Acknowledging **Racism as Trauma**

After three years studying at a private university, a white male professor announced in front of her peers that Breanne Ward was "loud" and "scary" and that he didn't know how to talk to her. Worse than the grade she received from him that lowered her 4.0 GPA, she began to question her self-worth.

While this is one of the most memorable moments of racism Breanne has faced, the experience is one of many that continue to add up. "I have learned to love me," Breanne says, "but I am being challenged all the time."

Learning about ACEs while working at Polk County Crisis & Advocacy Services helped Breanne begin to understand the impact of these aggressions on her life. At age 5, she held up brown and black crayons and was told she was black, not brown. Working as a cashier in the grocery store, she was told there were free samples of food in the back because her kind likes that. The cultural unspoken code of conduct suggests that she never shop with too many bags so she won't be suspected of stealing.

The original ACE Study focused on the experiences of white, middle-class individuals. At first, little was discussed about the impact of trauma on different



ethnicities. Meanwhile, Breanne kept seeing data that showed African Americans have worse health outcomes and die earlier than all other populations.

Today, Breanne is a mental health clinician and a trainer for Lemonade for Life, a curriculum that helps stakeholders learn about ACEs, hope, and resilience and develop plans for sharing the information more broadly to create change. She not only explains how ACEs impact behaviors and outcomes, but also how historical trauma and racism are a part of those outcomes.

"People who have been a part of historical trauma, community violence, and/or the mindset of poverty should be given the ACEs information in a way that they can understand to see that trauma does have an impact; we can reverse it if we choose to," she says.

When delivering a community training in a rural area, she likes to arrive to a town early for a meal and to assess how people respond to her, since she is often the only person of color in the room. She has found that many people are at different stages of readiness to acknowledge race, talk about implicit bias, and make changes. She often encourages groups to think about who is not represented at the table.

"We need those perspectives at the table, so cultures can receive the information in a way that makes sense to them," Breanne says. Inviting those groups to the table requires being aware of the images presented in the materials, as well as the setting of the meeting.

Teaching this material has helped Breanne validate her personal experiences and recognize that they should not be minimized or dismissed. "I love infusing this stuff," she says, "because it's so simple, yet it's so complex. Everybody's story is different."

ACES AND Resilience

The science of resiliency is just as important as the study of ACEs and trauma. No matter our age or stage in life, we always have the opportunity to prevent future adversity and to heal from traumatic experiences.

Resilience is defined as "the capacity to recover quickly from difficulties; toughness. The ability of a substance to spring back into shape; elasticity." In the context of ACEs, resilience is the ability to move beyond the toxicity or trauma of stress, allowing our bodies to return to a healthy, functional state. Our brains are remarkably adaptable throughout our lives, meaning we can create new pathways and new opportunities to overcome traumatic histories. The earlier we start to build resilience, the bigger the impact can be.

The research behind resilience shows that kids with the following components in their lives are more likely to overcome adversity than those without:

- Relationships with caring adults
- Parents who exhibit resilience
- A sense of purpose and belonging
- Ability to self-regulate
- Access to mental health resources, social connections, and other advantages

Of Iowa adults reporting four or more ACEs/neglect, 71.8% said that they lacked at least one resilience factor in childhood, compared to 12.6% who reported zero ACEs.

For adults who reported four or more ACEs/neglect, they also reported these challenges in childhood:

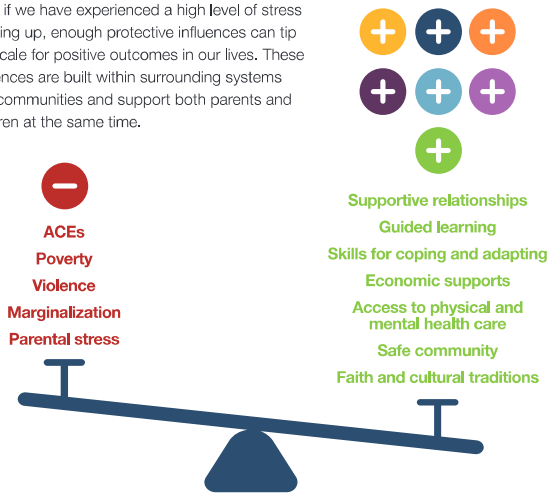
- 52.4% were rarely able to talk about feelings with family.
- 28.7% felt family rarely stood by them in difficult times.
- 29.9% rarely had genuine interest from two adults.
- 22.9% felt rarely supported by friends.

Without protective factors, the impact of trauma can have significant negative effects on individuals and families. This data points us to key areas where we can work to increase resilience and connection for Iowa's children and families.

"We must think about the **factors that impact a child's development,** starting with the family, and every system that child interacts with as they grow into an adult. We must consider what the parent experienced growing up and how we can help them heal. We must think about our community and the environment it creates for those who live here."

– Statement from Mid-Iowa Health Foundation, which led the first convening of the Central Iowa ACEs Coalition, now Iowa ACEs 360

Even if we have experienced a high level of stress growing up, enough protective influences can tip the scale for positive outcomes in our lives. These influences are built within surrounding systems and communities and support both parents and children at the same time.



Adults reporting 6-7 positive childhood experiences had 72% lower odds of suffering from depression or poor mental health, compared with those reporting 0-2 positive childhood experiences.

Source: Responding to ACEs with HOPE: Health Outcomes from Positive Experiences, 2017

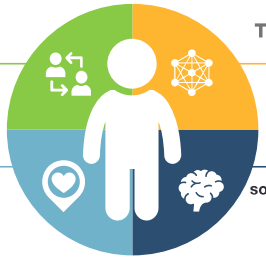
ACES AND Children

Emerging research shows that with enough positive childhood experiences, adults have better outcomes, even if they experienced adversity early in life.

The HOPE framework identifies these experiences as key to mitigating the effects of ACEs and breaking the cycle of trauma in future generations. Building these supports within our communities and systems is critical.

Relationships: Attachment with parents first and then with peers

Environments: Safe, stable, and equitable places to live, learn, and play



THE HOPE FRAMEWORK

Engagement: A feeling that you matter to other people and to your community

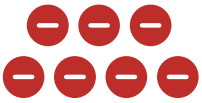
Opportunities to develop social and emotional intelligence: Comes from interacting with and playing with peers

Source: Responding to ACEs with HOPE: Health Outcomes from Positive Experiences, 2017

Early Childhood

Significant and prolonged stress early in life can shape the architecture of a child's developing brain and lead to:

- Missed developmental milestones
- Impact on height and weight
- Impact on cognitive ability, social functioning, and mental health
- Hyperactivity and apathy
- Difficulty sleeping
- Increased complaints of physical symptoms, such as stomach aches



Children who suffer 7 or more types of adversity in the first three years of life have a

100%

chance of developmental delays.

Source: Harvard University, Center on the Developing Child

TAKE ACTION

One way to support a child's healthy development, even if they experience adversity, is to promote social-emotional learning. Child care providers, educators, pediatricians, and families can help kids in these ways: manage emotions; set and achieve positive goals; feel and show empathy for others; establish and maintain positive relationships; and make responsible decisions. These skills are critical to helping kids who have experienced trauma learn how to cope with stress, manage anger, and avoid distractions. It's important to approach social-emotional learning in a culturally affirming way that relates students back to ancestry, while recognizing and addressing trauma (Communities for Just Schools Fund).

Youth

While Iowa ACEs data gives us a picture of adult health and well-being, we see that many children and youth are struggling.

The 2018 Iowa Youth Survey, which captures the perceptions, attitudes, and behaviors of 6th, 8th, and 11th graders, shows the challenges noted to the right.

21%
have had thoughts of suicide.

15.7%
do not feel safe at school.

15.4%
live in a home where people have a serious alcohol or drug problem.

10%
disagree with the statement: "I have a happy home."

Youth of color are facing additional stress that impacts their health, ability to focus at school, and future opportunities to contribute to our community.

The Al Éxito Mental Health Study, for example, found that Latinx youth in Iowa are facing significant stress from today's political climate, as well as fear of separation and challenges with identity, financial strain on the family, and school. The pandemic has further highlighted the enormous disparities that already existed in Iowa, as many Latinx family members must work in environments where they are exposed to COVID-19 or have been laid off. Because of their residency status, many are not allowed to access government resources that could help them weather the crisis.

Al Éxito students are advocating for changes in the education system, including increased training for teachers, resources in schools for mental health, and improved understanding about the supports Latinx families need. As remote learning increases during the pandemic, students are also highlighting the need for better access to technology and mentoring opportunities.

RESPONSE STRATEGY

Trauma-Informed Juvenile Detention

Teenagers in jumpsuits lie on yoga mats, their eyes closed, their bodies still. Megan Hoxhalli describes this as a remarkable experience in juvenile detention, a place where youth arrive shaken, dysregulated, and scared about their future.

"We're seeing a change in the way they feel and the way they think," she says.

As team lead of trauma-informed services for Lutheran Services in Iowa, Megan provides support for youth in Polk County Juvenile Detention and for the staff who work with them. Her role was created in October 2017 after several stakeholders in central Iowa wanted to respond to ACEs. Polk County Decategorization provided the funds from juvenile court services to launch this initiative.

"At what point are we really understanding how a kid ended up in handcuffs in front of a judge and how do they keep ending up there?" says Suzanne Mineck, president of Mid-Iowa Health Foundation, which provided funding for technical assistance on the project. "We are failing them if that's where they landed in the first place. Our kids are tremendous human beings that, if supported in the right way, their lives can look different."

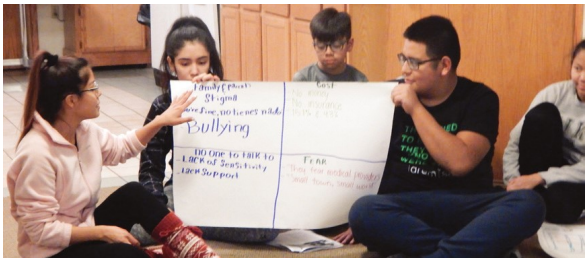
One of the challenges has been determining how to work with youth who have experienced significant trauma when the average stay in detention is two weeks. "We realized this isn't a place to do therapy," says Megan.

Instead, they landed on these approaches, working with Chris Foreman, liaison with the National Center for Child Traumatic Stress:

> Within 48 hours of entering detention, a therapist meets with the youth to help them calm down and regulate. In the session, the youth completes one assessment to understand what has happened to them and another to determine how those experiences have affected them. Then the staff begin working on methods for coping and self-regulating.
>
> Staff work with youth in group sessions, providing education about trauma, how trauma can lead to a fight-or-flight response when the brain senses danger, and how that response can lead to certain reactions. They practice strategies for coping with stress and regulating.
>
> Megan's team also educates detention staff and stakeholders on how to work with youth in a trauma-informed way, so that everyone has a shared understanding of the skills youth are learning and how they can interact with youth to support those skills.

The results have shown that many of the youth are using these strategies, such as deep breathing meditation and squeezing a stress ball. Most youth also express that they are thinking of seeing a therapist or accessing services after detention, which is a huge shift in mindset for many who say they don't want therapy when they enter detention.

Upon release, youth have said: "I learned to go to my safe place" and "I learned that being mad ain't the way."



Al Éxito youth leaders have identified key issues that create barriers to their success in school and are advocating for changes.

71.9%

of Latinx youth have been **called names or slurs** that they find offensive at school. In the 2018-19 school year, youth experienced a 33% increase in racial attacks at school from teachers and students.

59%

of Latinx youth have experienced **"fear, anger, or uncertainty due to anti-immigrant sentiment,"** and these emotions cause many to have trouble focusing at school, sleeping, and eating regularly.

Source: Al Éxito Mental Health Study, 2018

TAKE ACTION

Communities can help build the positive experiences youth need to buffer against stress and thrive. Programs and organizations can engage youth in these ways:

- View young people as assets rather than individuals who need to be fixed. Help them define their own goals and co-design their journey.
- Match young people with mentors who can help them navigate everyday issues and pay attention to their social and emotional needs.
- Prepare youth to be active partners and leaders in initiatives beyond just sharing their stories.
- Provide opportunities for youth to try new things, take on responsibilities, and learn through relationships.

Learn about the study and ways to respond at **www.alexitoiowa.org/al-exito-mental-health-study**



ACES AND Family Well-Being

Building the well-being of adults and children together results in a structure that is stronger for the entire family. Some families are on shaky foundations and need a great deal of support. Others may have overcome hard times in the past and need support at certain times along the way.

The Pregnancy Risk Assessment Monitoring System (PRAMS) survey of new moms before, during, and shortly after pregnancy shows that the most common stressors Iowa moms experience are from having to move or having a close family member in the hospital. But many moms are experiencing stressors that mirror The ACE Study.

While a parent's past ACEs and level of stress do not mean a child will have ACEs, the data highlights the significant risk already present immediately before birth. According to the American Academy of Pediatrics, "Parent ACEs have been associated with low birth weight and shorter gestational age, maladaptive socioemotional symptoms at age six months, and poor physical and emotional health at eighteen months." Research shows that an increase of stress in mothers correlates to an increase in cortisol levels in the placenta, which indicates stress in babies.

Iowa mothers report adversity related to ACEs:



24% report sometimes, often, or always feeling depressed since giving birth.

11% say someone very close to them had a problem with drinking or drugs.

Social conditions can increase the level of stress for parents.

33.1% of **non-Hispanic Black mothers** experienced three or more stressors in the year before delivery, compared to 24.8% of the total population.

Of **mothers on public health insurance**, 13% experienced six or more stressors, compared with 6% of the total population.

Source: Iowa PRAMS data survey, 2017

TAKE ACTION

A family can improve their well-being with the right resources, including access to good-paying jobs, a safe home and healthy food, physical and mental health care, connections to other people, and opportunities in the community.

Communities and systems can work with families to build these protective factors:

- Knowledge of parenting and child development to foster healthy attachment
- Parental resilience to cope with stress and resolve challenges
- Social connections to provide support in times of need
- Concrete supports to meet basic needs and focus on parental roles
- Development of social and emotional competence and self-regulating behaviors in children

RESPONSE STRATEGY

Nine2Thrive

One mother was already struggling financially before her family lost everything in a house fire. A teen mom was preparing to be a young parent. A refugee mom needed specialized care but didn't know how to navigate the U.S. health care system.

These three moms were supported by the Nine2Thrive pilot project, an effort to reduce trauma and improve health outcomes for children by reducing the stress of mothers while they are pregnant.

The project began as a partnership between Broadlawns Medical Center and EveryStep. When a mom identifies stressors during a prenatal visit, the clinic refers the mom to a community coordinator, who reaches out to the family and connects them to services. The coordinator checks in on the family and provides additional support throughout pregnancy.

In the first year, the project received 94 referrals for reasons that included financial concerns, lack of help, housing challenges, concerns about neighborhood safety, and more. For the 48 mothers who had their babies before the program's evaluation, **Nine2Thrive had given them 275 connections to local resources.**

Nearly half of the mothers in the program were immigrants or refugees, and 82 percent were mothers of color. The women in general had lower socioeconomic status and lower educational attainment than the general population in Iowa, putting them at risk for poor birth outcomes.

However, the women in the program had better birth outcomes than the average Medicaid population and were on par with state averages. **Women showed positive outcomes for attending prenatal visits, having fewer low-weight births, and carrying to full term.** With the average cost of pre-term births at $58,000, improved birth outcomes leads to additional cost savings.

ACES AND Education

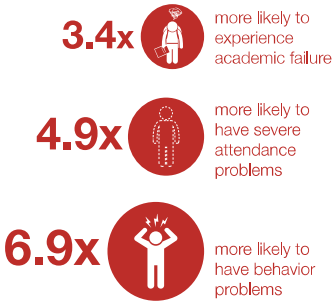
"Stressed brains can't learn and stressed brains can't teach."

– Dr. Natalie Turner

All children need structure to help them regulate their physical and emotional responses and manage stress. When children face significant stress, their brains and bodies can become hardwired to react more quickly and with a heightened fight, flight, or freeze response. They may have trouble focusing in class, act aggressively, or shut down when overwhelmed. A simple request, such as to put a book away, could trigger an outburst. Others may struggle in silence without any noticeable effects until later in life.

Educators play a vital role in creating positive environments by recognizing the ways that stress and trauma affect children's behaviors and abilities, as well as creating safe spaces for children to maintain or regain a sense of calm.

ODDS RATIO OF STUDENTS WHO EXPERIENCED FOUR OR MORE ACES COMPARED TO THOSE WITH ZERO ACES:



Source: Blodgett and Lanigan, 2018
Note: This is not Iowa-specific data.

TAKE ACTION

In 2018, Iowa enacted a law that requires school employees to receive annual training on ACEs, suicide prevention, and strategies to mitigate toxic stress. While education about ACEs is an important first step, successful models show that a culture shift within schools is needed to effectively respond.

ADDRESS THE UNIQUE NEEDS OF STUDENTS

To shift culture, schools must consider the unique needs of its population and create safe, supportive environments. More than half of LGBTQ youth, for example, feel unsafe at school and the vast majority have been harassed (Iowa Safe Schools). Ensuring curriculum is inclusive and honoring students' identities can dramatically increase their sense of safety and well-being.

By having a shared understanding of how stress impacts our brains and bodies and how that can lead to negative behaviors in the classroom, schools can begin to identify potential strategies, such as:

- Rethink discipline, such as having a re-set room instead of taking away recess.
- Teach and practice self- and co-regulation routines, such as mindfulness, yoga, meditation, and deep breathing.
- Teach and practice self-care, encouraging breaks for teachers and students and support for colleagues.
- Ensure safe, supportive environments in places beyond the classroom, such as hallways, lunchrooms, and recess.
- Connect families with community resources.

RESPONSE STRATEGIES

We Can!

The We Can! Building Relationships and Resilience trauma-informed guide trains teachers, para-professionals, and others in the school system to understand the adverse effects of trauma and how to address them mindfully. Educators then learn skills for creating a safe environment in the classroom, with a focus on building resilience through relationships and student regulation, competence, and health promotion. Developed in eastern Iowa, the intervention now is in 16 schools in 5 districts. Staff at schools implementing the intervention have shown better understanding of trauma's effects on student behavior and increased knowledge of the skills they can use to work with students who have experienced trauma. Schools report decreases in student office referrals.

Trauma-Informed Schools Journey

The Quad Cities Area Trauma-Informed Consortium recognizes that learning about ACEs and how to respond to trauma is a continual journey that requires schools to look at changes throughout the system. Leaders developed a guide that compiles all trainings related to ACEs and assists schools in making this culture shift through various interventions. The courses help schools look at changes, such as trauma-sensitive discipline, mindful testing environments, and restorative justice practices, as well as building resilience in educators and engaging parents.

In schools that are becoming trauma-informed, early indicators show positive shifts in academic, behavioral, and health outcomes for students. Staff also report positive shifts in the culture of their workplace and increased satisfaction with their work.

ACES AND THE Workforce

Business growth and sustainability requires recognizing the impact trauma has on individuals in the workplace and creating an environment that prioritizes employee well-being, access to supports, and family needs. Compassionate leadership especially has been shown to increase worker productivity and commitment to an organization. Businesses also have an opportunity to align their corporate social responsibility goals with community efforts focused on improving employee and family well-being. These efforts combined could play a significant role in preventing ACEs and improving health outcomes.

COMPARED TO WORKERS WITH 0 ACES, WORKERS WITH 4+ ACES ARE:

- 2.3X more likely to have **relationship problems**
- 2.4X more likely to have **job problems**
- 2.4X more likely to be **absent from work**
- 3.5X more likely to **abuse substances**

Source: Child Abuse, Household Dysfunction, and Indicators of Impaired Adult Worker Performance, 2014

Note: This is not Iowa-specific data.

INVESTING IN EMPLOYEE AND COMMUNITY WELL-BEING LEADS TO:

- → **Enhanced reputation** as a good corporate citizen
- → **Cost savings** that increase over time
- → Healthier, happier, and more **productive employees**
- → Healthy, **vibrant communities** that draw new talent and retain current staff

Source: National Academy of Medicine, The ROI of Health and Well-Being: Business Investment in Healthier Communities

TAKE ACTION

Employers can focus on promoting healthy brain functioning and employee well-being by implementing strategies that reduce stress and build stronger relationships in the workplace. Some steps include:

- Implement and support family-friendly policies, such as paid family leave and flexible work schedules.
- Train managers on trauma-informed care principles to foster a sense of safety and strengthen relationships among teams.
- Use corporate-sponsored events to inform employees about community services that support their well-being.
- Provide funding to initiatives working to respond to ACEs.

RESPONSE STRATEGY

Project Iowa

Learning about ACEs inspired Julie Fugenschuh to integrate the science into the workforce training programs that Project Iowa provides to individuals with barriers to employment. As part of the 12-week program, facilitators talk with participants about childhood trauma in the context of healing and building resilience and help them identify their values, purpose, and self-worth. In addition to building job skills, this process helps participants find opportunities that align with what they value, ideally leading to long-term employment.

In the process, Julie, executive director of Project Iowa, ran into another challenge: "We were training people and helping them find purpose and their values and there were these dramatic changes," she says, "and then we sent them into companies where they quit."

Now Project Iowa is shifting focus to employers and how to help them create a culture of safety and trust that fosters employees' sense of purpose. "It's about recognizing the whole person and letting the whole person be at work," Julie says.

The first step in this journey is for leadership to recognize the need to change practices to better engage employees and improve how senior leaders and managers interact with their staff. Second, Julie works with teams to build psychological safety and trust based on the principles of Sandra Bloom's Sanctuary Model. Companies must also look at their policies, procedures, and practices to ensure that they are fostering that culture and encouraging behaviors that align with company values.

This work is important not only to improving outcomes at work, but also for employees' families. "If people don't appreciate you and you hate what you do, you come home and then what are you like?" Julie asks. "Nobody wants to be around you and that can perpetuate ACEs."

Learn more at: **www.projectiowa.org**

HEALING THE Healers

For those working in helping professions or involved in the care of children or families who have experienced significant trauma, the act of listening to traumatic stories can take an emotional toll that impacts professional functioning and diminishes quality of life, according to The National Child Traumatic Stress Network. Symptoms of secondary trauma can be similar to post-traumatic stress disorder (PTSD).

Up to one-quarter of therapists working with traumatized populations and up to half of child welfare workers are at high risk for secondary traumatic stress or the related conditions of PTSD and vicarious trauma.

Being emotionally depleted or cognitively affected by secondary trauma can impact a professional's ability to care for their clients. Over time, this trauma can lead to burnout and leaving the field.

TAKE ACTION

Organizations can take action to address secondary traumatic stress with these strategies:

- Gain knowledge of the impact of indirect traumatic exposure.
- Encourage preventive strategies, including self-care in the workplace, balanced caseloads, flexible scheduling, and stress-reduction activities.
- Provide training, reflective supervision, and peer supervision or external group processing.

RESPONSE STRATEGIES

Orchard Place

In 2015, Orchard Place began to implement the Sanctuary Model, an in-depth, evidence-supported approach to using structures, processes, and behaviors to embed trauma-informed care within the organization, which provides residential treatment, outpatient mental health, and substance abuse services to about 8,500 children and families at one time. Changes within the organization include: providing a warm handoff whenever there is a transition in staff or organization programming; creating a welcoming, organized space with natural light; using a common language that allows teams from diverse parts of the organization communicate effectively about current issues and to plan strategically for the future; and developing personalized safety plans among all staff and clients for handling difficult situations.

These changes have led to:

- 30% increase in staff saying the organization has open communication
- 40% increase in staff saying they feel safe.

Supervisor Training at DHS

Halfway into her son's second baseball game of the day, Stephanie Reinhardt noticed he wasn't playing third base. When she went to see him in the dugout, he explained that his arm hurt. In the car on the way home, he said that he hadn't played in the first game either.

"My own son didn't play an entire game in the field and I didn't realize it," Stephanie says.

This is one example that the supervisors in Polk County Department of Human Services' Child Welfare Division now recognize as the impact of trauma on their lives. Talking about these moments is a shift that's occurred since learning about secondary traumatic stress in the workplace and how to better support each other with difficult work that includes removing children from abusive situations and working with families who have experienced tremendous trauma.

When she first started coaching the supervisors, Chris Foreman, liaison with the National Center for Child Traumatic Stress, says there were a lot of pains and tears. She describes them as "walking wounded. They were just hurting. And in six months, with very little effort on my part, they laugh, they have tried new strategies, and they have seen staff respond. They have done their own work to heal."



From left: Michelle DeLong and Stephanie Reinhardt with Polk County DHS and Teresa Burke with Polk County Decategorization

Chris spent a day working with the 15 supervisors on understanding the effects of oversaturation and how secondary traumatic stress can impact decision-making. Labeling what the supervisors were experiencing and normalizing it changed the conversation.

Chris then held monthly coaching calls with a handful of supervisors and returned to work with all the supervisors a year later. Her focus has been on building protective factors in the workplace. She compares the process to prepping a house for winter by installing insulation and checking on the furnace. In the same way, how can we prepare ourselves for the tough work of our jobs?

Instead of applying a new strategy, Chris encouraged the supervisors to try on new lenses for doing their work, with an emphasis on building relationships and helping each other manage the stress. They now feel as though they have choices for how they interact with staff and can better recognize when staff are in crisis and provide support.

ACES AND
Communities, Systems, & Policies



CONNECTED COMMUNITIES LEAD TO:

- better health
- better mental health
- less crime
- less substance use
- less homelessness

Fostering safe, stable, nurturing relationships for children and families to thrive requires efforts at all levels of society.

The state of Washington engaged in a process of educating communities about trauma and the importance of relationships and resilience. Communities expanded leadership and drove efforts to better meet the needs of everyone, and they tracked progress to inform new policies and practices. After a decade, the state showed a decrease in the rates of childhood trauma and a reduction in physical and mental health problems among young adults.*

This page features ways we can infuse ACEs responses throughout our communities and systems.

* Source: Reducing Adverse Childhood Experiences (ACEs) by Building Community Capacity: A Summary of Washington Family Policy Council Research Findings, 2012



In 2018, Gov. Kim Reynolds signed the Resilient Iowa Proclamation, recognizing the progress that's been made to address ACEs in the state.

POLICY RESPONSE

The Iowa ACEs Policy Coalition has been active at the Iowa Capitol since the ACEs movement began in the state. Early on, the term "adverse childhood experiences" was still new, and coalition members focused on educating elected officials about the importance of ACEs as a public health issue to inform policymaking. This long-term cultivation of relationships with elected officials has led to significant policy changes in the past two years. Champions in both chambers have used their knowledge of ACEs to create recent bills.

One main achievement has been securing state funding each year to collect ACEs data, expand the 1st Five Healthy Mental Development initiative, and support children's mental health services. Current advocacy asks are focused on addressing maternal stress and ensuring that children have access to health and mental health services.

The coalition also works to influence systemic change by engaging with state departments and the executive branch year-round and collaborating with partners to expand advocacy efforts. For example, Iowa ACEs 360 collaborated with policy chairs and a national messaging consultant to develop core talking points on children's mental health to be utilized by a large collaboration of advocates known as CAMHI4KIDS. In 2018, Iowa ACEs 360 hosted a session on child welfare policy with partners to identify legislative opportunities to promote a trauma-informed child welfare system.

Today, more than 30 organizations statewide are a part of the Iowa ACEs Policy Coalition.

FAITH-BASED RESPONSE

By understanding the impact of ACEs and how to support individuals in their communities, faith leaders can make profound progress in helping people heal and improving social outcomes. Faith leaders in Iowa have engaged in ACEs trainings and led efforts to share information within their congregations.

Responding starts by learning about trauma and its place within cultures and faith traditions, as well as the tools within scripture, traditions, and the community that can promote positive relationships. Building a trauma-informed environment focuses less on sharing personal stories of adversity and more on promoting safety and compassion for each other.

Community Lemonade for Life

Learning that many adults in Pottawattamie County reported high ACEs in the 2016 Iowa ACEs report led Patricia Russmann, executive director of Promise Partners, and several others in Council Bluffs to work together to share this knowledge widely. For about a year after the 2016 Iowa ACEs Report came out, these stakeholders representing child welfare and family support offered trainings on topics such as understanding community data, the neuroscience of trauma, and the importance of building caring connections.

"Once we did all of those trainings, we were sort of scratching our heads about what's next," says Patricia.

She helped form a coordinating council of decision-makers that represent work related to the 10 types of ACEs. The group started to identify what stages organizations were at in the process of trauma-informed response, as well as opportunities to partner to support children and families in need.

The challenge they recognized, and continue to think about, is how to increase broad awareness of this science. Direct-service providers know about ACEs and trauma-informed response, but families and others in the community don't. In addition, Patricia says we need a common language and understanding to build resilience.

"Outsiders don't seem to realize the many assets and strengths we have here," Patricia says. "This community is strong and comes together to support and care for one another."

In January, Pottawattamie County became one of the first five communities to test the Community Lemonade for Life training, developed as a partnership between the Iowa Department of Public Health and the University of Kansas. This version of the training expanded the focus from family support providers to anyone in the community, with the idea that infusing knowledge more broadly could have a greater long-term impact.



The Promise Partners team is working with other agencies in Council Bluffs to increase awareness of ACEs and how the community can respond.

The two-day training sets a base-level understanding of ACEs and then dives into hope and resilience, encouraging participants to examine their own experiences.

"It makes you look at the world differently," says Jean Sullivan, a Lemonade for Life trainer. "It really shifts the message, giving people tools they can use, as well as increased compassion for others."

The training moves into thinking about who in the community needs to hear the information and how to engage them. Attendees write ideas on post-it notes and team up with others in the room who have similar ideas. Each group develops a realistic plan they can implement in their respective communities. The presenters provide ongoing coaching calls to support.

The communities that have completed the trainings so far have identified ideas to implement, such as placing videos for parents in WIC clinics, engaging teenagers in creating social media messages about brain development, and spreading knowledge throughout a hospital system. Council Bluffs is looking at how to use Lemonade for Life as an engaging message for businesses.

"When a number of people in a community do it together, it really shapes their perspective," says Jean. "It's this group of people in this room coming together."

Janet Horras, co-founder of the initiative, says the most powerful part of Lemonade for Life is how it changes the mindset of attendees to feel more hopeful about what they can do to have an impact.

"It's so powerful to see transformations happening in one day," she says, "and so many people come up to me after and say this training changed their life."

Learn more at: **lemonadeforlife.com**

COMMUNITY RESPONSE

Connections Matter formed out of several conversations in central Iowa about finding a message that could engage the larger community in responding to ACEs. The theme that arose from conversations among stakeholders was that relationships mattered most in responding to ACEs. This led to the theme: Connections matter to the developing brain, developing relationships, and developing community.

Epidemiologist Dr. Linda Chamberlain worked with the team to develop a curriculum for training presenters to share the information in their communities. Since the initial launch, Prevent Child Abuse Iowa has worked with Dr. Chamberlain to adapt Connections Matter for education, child care, workplace, and elderly adult care settings and has spread the campaign to five additional states.

"It provides concepts in a really accessible and easy-to-understand way," says Greg Bellville, executive director of PCA Iowa. "It gives this common language, so we can more readily talk about gaps and identify solutions to fill those gaps."

Your Opportunity to **Respond**

Learning about ACEs is personal. You may be reflecting on your own life experiences or the interactions you've had with families, friends, and co-workers. You may now recognize the deeper needs of those you serve or have a new understanding of the behaviors you see in others.

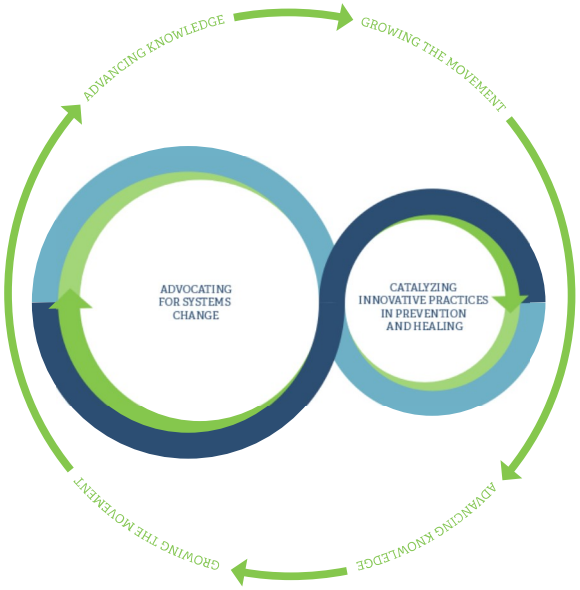
We hope these insights inspire you to act.

While the ACEs data highlights the significant impact that trauma can have on all of us, science shows that we have many opportunities for healing. The stories featured throughout this report are examples of what can happen when we infuse this knowledge throughout our organizations, systems, and communities and invent our own solutions to respond.

Together, we can tip the scale toward a healthier state that enables all Iowans to thrive.

JOIN THE IOWA ACES MOVEMENT

- ☐ **Read** more about the research and best practices at **www.iowaaces360.org.**
- ☐ **Sign up** to receive updates on ACEs work and opportunities network.
- ☐ **Foster caring interactions** with the children and adults in your life.
- ☐ **Improve your own well-being** with self-care and by accessing needed services.
- ☐ **Apply new practices** in your work and throughout your organization.
- ☐ **Advocate for changes** within your organization or community.
- ☐ **Share your story.**



Iowa ACEs 360 empowers communities, organizations, and individuals to take informed actions to prevent and mitigate the lifelong effects of childhood adversity. Our strategies include:

Advocating for system change: We provide backbone infrastructure and leadership to cultivate and sustain a network of advocacy partners across the state.

Advancing knowledge & growing the movement: We provide backbone infrastructure to support a coalition of partners in central Iowa. We communicate our work with partners throughout the state.

Catalyzing innovative practices in prevention & healing: We leverage and partner for pilot projects based in central Iowa. We look for opportunities for collaborations to fuel innovation.

A Two-Generation Approach to **SUPPORTING FAMILIES**

Jonat Gonzalez, age 26, has big goals for himself and his daughter. He wants to earn his high school equivalency diploma, secure a good paying job, and provide the best life he can for Adelyn, age 3. He wants her to grow up healthy and do well in school.

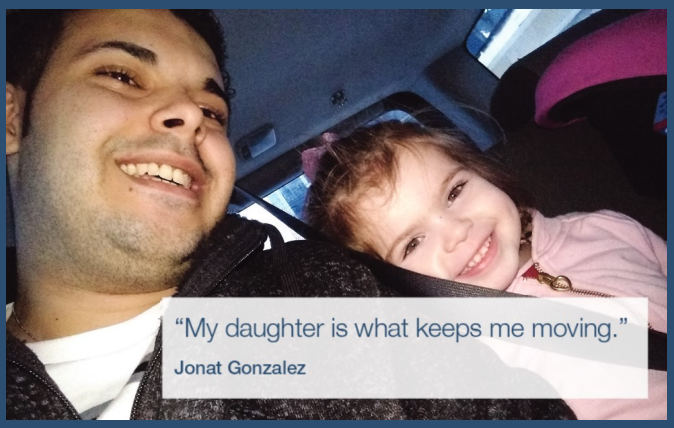
Jonat has set these goals over the past year, since he received a package in the mail that told him he was a father and that his daughter was going into foster care. While working to gain full custody of Adelyn and establish his life with her, he's found support from friends and Mid-Iowa Community Action (MICA) based in Marshalltown.

"It wasn't hard to step into this role," Jonat says. "The hardest part was finding the support to do it."

Sheila Paul with MICA's 2-Gen program, aimed at supporting parents and children at the same time on their path to financial stability, meets weekly with Jonat at his Montezuma rental home to talk about steps he can take to achieve his goals. Family Connections also visits every other week to work with Adelyn on developmental activities and with Jonat on how he can help his daughter with challenging behaviors, including the occasional outburst and clinginess.

"Jonat is very open to us coming into his home and asking about resources and what areas he would like to continue to be supported in, and he's very goal oriented," says Nikki Harter, who supervises the 2-Gen program. "We talk together about how he is going to reach his goals and breaking that down step-by-step. He's focused on what he wants for him and his daughter."

MICA is one of four organizations piloting the 2-Gen approach in Iowa. The new model, led by the Family Development and Self Sufficiency (FaDSS) program in the Dept. of Human Rights, works with families who face barriers to achieving self-sufficiency.



The pilot allows flexibility to enroll families in the program sooner and to work with families more intensely for a longer period of time.

"The ability to reach families in deep poverty and then work with them up to much higher income levels means we can provide a level of support for achieving and maintaining economic well-being we weren't able to before," says Kelly Davydov, who helped develop this pilot as a FaDSS program manager.

Kelly was part of a group of government partners representing FaDSS, Promise Jobs in Iowa Workforce Development, and TANF in the Dept. of Human Services. Since 2016, this group has spent time listening to families who experience poverty, learning about two-generation approaches with a cohort of 10 states receiving federal assistance, and developing new strategies within these systems.

"You can't just provide education to kids and hope they grow up to achieve higher incomes as adults," says Kelly. "You have to work within the entire system that impacts that child. Same with adults. If you go in and try to address adult trauma and whatever stressors might be in the adult's life, you have to think about what is going on with their kids. The parent-child relationship needs to be a focus."

The 2-Gen program has enrolled 52 families in its first year. FaDSS home visitors work with the families in 14 areas, including intimate partner relationships, mental health, parenting skills, transportation, housing, and substance abuse. Nikki says many parents need support with skills like budgeting and building credit, as well as accessing transportation, mental health services, and safe, affordable housing. Home visitors also join families in celebrating their accomplishments.

Though Jonat was raised in Chicago with absent parents and community violence, he is determined to forge a different path for his daughter. His attitude is inspiring, says Sheila.

"My daughter is what keeps me moving," Jonat says.

Learn more at: **humanrights.iowa.gov/dcaa/fadss/2-gen-initiative**

With GRATITUDE

With tremendous gratitude, we acknowledge the many individuals and organizations who share their time, expertise, and passion for improving the well-being of Iowans.

Thank you to the **Iowa ACEs 360 Steering Committee** for understanding the importance of collecting, analyzing, and sharing this critical research and for leading efforts to respond to ACEs. This group built the ACEs movement in central Iowa and beyond.

Thank you to the **Iowa ACEs 360 Board of Directors** for guiding our coalition into an organization that can support this movement now and in the future.

Thank you to the **Iowans who shared their stories** and examples of success for this report.

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ACEs 360 IOWA

To read more about the stories and response strategies featured in this report, visit

www.IowaAces360.org